

**THIS DECISION HAS BEEN APPEALED. THE
FOLLOWING IS THE RELATED SOAH DECISION NUMBER:**

SOAH DOCKET NO. 453-04-7290.M5

MDR Tracking Number: M5-04-2191-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on 3-17-04.

The Medical Review Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that the office visits, therapeutic activities, myofascial release, and hot/cold pack therapy from 6/10/03 through 8/07/03 were not medically necessary. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

Based on review of the disputed issues within the request, the Medical Review Division has determined that medical necessity fees were the only fees involved in the medical dispute to be resolved. As the services listed above were not found to be medically necessary, reimbursement for dates of service 6/10/03 through 8/07/03 are denied and the Medical Review Division declines to issue an Order in this dispute.

This Decision is hereby issued this 26th day of May 2004.

Regina L. Cleave
Medical Dispute Resolution Officer
Medical Review Division

RLC/rlc

NOTICE OF INDEPENDENT REVIEW DECISION

Date: May 10, 2004

MDR Tracking #: M5-04-2191-01
IRO Certificate #: 5242

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to ___ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any

documents utilized by the parties referenced above in making the adverse determination and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by an Orthopedic Surgeon reviewer (who is board certified in Orthopedic Surgery) who has an ADL certification. The reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

The claimant has a history of back pain and right buttock pain allegedly related a compensable work injury that occurred on or about ____.

Requested Service(s)

Office visits and therapeutic activities, myofascial release, hot/cold pack therapy from 6/10/03 to 8/7/03.

Decision

I agree with the insurance carrier that the requested intervention is not medically necessary.

Rationale/Basis for Decision

Generally physical therapy is indicated in the presence of significant deficits in range of motion and functional capacity usually associated with acute injury or perioperative conditions. Notwithstanding two discograms that failed to identify concordant pain at the operative level, the claimant underwent L4-5 IDET on 3/25/2003. There is no objective documentation of significant deficits in the claimant's range of motion or functional capacity to indicate the medical necessity of assisted therapeutic exercise and modalities in this clinical setting where a percutaneous IDET procedure was performed 3 months prior. Activity guidelines after IDET procedure as dispensed to the claimant indicates a 6 week period of recovery; sedentary work activity is allowed after one week and lifting restrictions are instituted for the first 6 weeks. Documentation indicates the claimant exhibited a functional range of motion 6 weeks after the IDET procedure. A clinic note dated 5/13/03 indicates the claimant had no lumbar pain, but had some complaints of "muscle spasm bilaterally". There is no objective documentation of significant deficits in the claimant's range of motion or functional capacity to indicate the medical necessity of the requested services. There is no rationale explaining why a home exercise program would be any less effective than continued supervised conditioning in this clinical setting.